DECLARATION AND POWER OF ATTORNEY

ATTORNEY	DOCKET	NO.	10011701
A 1 1 0 1 11 1 1	DOUNE		10011701

FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first

the specification of	which is at	tached hereto unless th	ne following box is o	checked:		
•			=			
Number	'' 	as US Application No. or PCT International Application and was amended on(if applicable).				
				above-identified specification		
including the claims	s, as amend		t(s) referred to abov	ve. I acknowledge the duty to		
inventor(s) certificate lis	priority benefits sted below and	under Title 35, United State	ny foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate havin		
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
				YES: NO:		
				YES. NO		
Provisional Application hereby claim the bene below:	1			d States provisional application(s) liste		
	[APPLICATION NUMBER	FILING DATE			
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J. S. Priority Claim	<u> </u>					
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Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10011701

Full Name of # 2 joint inventor	: Mark Nelson Robins		Citizenship: U.S.
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Post Office Address:	Greeley, Colorado 80631		
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Lugar Le Loon Rober Inventor's Signature	<u> </u>	Date	y real
•			
Full Name of # 3 joint inventor	r:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 4 joint invento	r:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 5 joint invento	or:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
5			
Full Name of # 6 joint invent	or:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 7 joint invent	tor:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 8 joint inven	tor:		Citizenship:
Residence:			
Post Office Address:			
. oot other realiss.			
Inventor's Signature		Date	